



Child and Adolescent Health Specialists, PC

General Pediatrics

Developmental-Behavioral Pediatrics

Behavioral Health Therapy

223 Chief Justice Cushing Hwy, Suite 201

Cohasset, MA 02025

T. 781-383-8380

F. 781-383-8382

Policy: Form Completion, Requests for Original Letters, Review of Records, and Consultations with Outside Entities (including school personnel and legal representatives)

As part of your child's medical care, our office provides with you with copies of your/your child's annual health supervision visit forms, developmental-behavioral pediatric consultation/evaluation notes, school excuse notes if you have been seen for illness and other appointment summaries as needed and requested. In addition, we send relevant medical information to specialists to whom we have referred your child and complete prior authorizations and referrals for services and supplies our providers have recommended for your child's care. There is no additional charge to you for these services.

Requests for additional forms to be completed, review of your child's medical record or reports for educational or legal purposes including composing letters or providing phone consultations with any individual other than specialists to whom we have referred your child, will require completion of this form. Payment must be made in advance, as such services are not covered by medical insurance policies. Providers may decline to comply with your request if they feel it is outside their area of expertise or if this information is readily available in another format or if for other reasons, they determine they are unable to comply with a given request. Any other type of request for consultation with outside entities will be handled on a case-by-case basis. Fees for these services are based on the amount of time required to complete proper review of medical records and complete the requested form and/or compose a letter.

The fee for nursing or administrative staff to complete a standard 1 page letter, (eg. diagnosis letter) is \$25.00.

Requests requiring physician time and expertise to review medical records or reports and to compose a detailed letter or complete detailed forms are billed at a rate of \$300.00 per hour. (eg. disability, guardianship, FMLA forms) Requests for telephone consultations with educational, legal or other medical entities will be billed at a rate of \$400.00 per hour for physicians, and at \$150 per hour for LICSW or nurse practitioner. An advance deposit of \$150.00 is required to begin the process.

Patient Name: _____ **DOB:** _____

Person completing this request and relation to child: _____

Date request submitted: _____

Please give specifics about what you are requesting: _____

Your signature below authorizes Child and Adolescent Health Specialists to charge your credit card for the services requested above.

Name of card holder: _____ **Signature:** _____

Card # _____ **Expiration date:** _____ **Security code:** _____